

**NOTICE OF FORM CHANGE NO. 05-033**DATE  
3/15/2005**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator**FROM:**  
Forms Management Unit  
(916) 657-1907 Community Care Licensing District Offices  
 Private and Public Adoption Agencies District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE    **TEMP CA 800 ROSALES CERT (2/05) Rosales v. Thompson Retroactive Payments - Summary By Funding/Certification**

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/05	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

 Use until exhausted     Destroy

## USE NEW FORM

 When supply available in DSS Warehouse     Use new form effective immediately.

## USE FORM IN ACCORDANCE WITH

 All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

This is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.

This form was originally posted on the above webpage with a 1/05 revision date on the form and a 2/05 revision date on the instructions. This has been corrected and both the form and instructions now have a 2/05 revision date. There is no difference in the content of the 1/05 form and the 2/05 form.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

## ROSALES V. THOMPSON RETROACTIVE PAYMENTS

### December 23, 1997 - December 31, 2003

### SUMMARY BY FUNDING/CERTIFICATION

[All Rosales claims must be submitted no later than April 30, 2005. Only one claim may be submitted for the entire period].

County Name	County Contact	Telephone No.	Date Submitted
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	Fed Title IV-E	TANF/State	State	County	Total
<b>SUMMARY BY FUNDING</b>					
Foster Care	0		0	0	0
Adoptions	0		0	0	0
<CalWORKs Offset>		0		0	0
Net Total Assistance - All FFYs	0	0	0	0	0
<b>TOTAL ADMINISTRATIVE COSTS</b>					
	0		0	0	0
<b>GRAND TOTAL ASSISTANCE AND ADMINISTRATIVE COSTS</b>					
	0	0	0	0	0
<b>Total Number of Persons</b>					
					0

**COUNTY WELFARE DIRECTOR'S CERTIFICATION**

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the payments, repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services

**COUNTY AUDITOR'S CERTIFICATION**

I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date	Signature of County Auditor	Date
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Please submit the original certification page to the following address or fax a copy to (916) 654-1750, Attention: County Assistance Payment Unit (if a fax is submitted, the original certification must be kept on file at the county):

California Department of Social Services  
 Financial Services Bureau  
 County Assistance Payment Unit  
 744 P Street MS 13-72  
 Sacramento, California 95814